UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

Mall Processing

SECURITIES

ORSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Washington, DC

Washington, DC

OMB APPROVAL

OMB Number: 3235-0076 Expires: March 30, 2008 Estimated average burden hours per form.....16.0

SEC USE ONLY			
Prefix	Serial		
;			
DA	TE RECEIVED		

Name of Offering (check if this is an	amendment and name ha	s changed, a	nd indicate change.	.)				
Series A Convertible Preferred Stock an	d the underlying Commor	Stock issua	ble upon conversio	n				
Filing Under (Check box(es) that apply)	: 🔲 Rule	504	☐ Rule 505	×	Rule 506	☐ Section	n 4(6)	☐ ULOE
Type of Filing:			New Filing		×	Amendme	ent	
	Λ	. BASIC II	ENTIFICATION	DATA				
1. Enter the information requested ab	out the issuer							
Name of Issuer (check if this is an ar	mendment and name has o	hanged, and	indicate change.)					
Netwitness Corporation								
Address of Executive Offices (Number and Street, City, State, Zip Code)				de) Tel	Telephone Number (Including Area Code)			
500 Grove Street, Suite 300, Herndon, V	/A 20170			·	(703)889-89	950 .		
Address of Principal Business Operations (Number and Street, City, State, Zip Code)				Tel	Telephone Number (Including Area Code)			
(if different from Executive Offices)								
Brief Description of Business					<u> </u>	-2-	DDC	VCESSED-
provider of marketing services specializ	ing in restaurant promotic	n				レ	PRC	
Type of Business Organization							111	1 1 5 2008
区 corporation	☐ limited partnership	, already for	med			other (pleas	se specify):	
☐ business trust	☐ limited partnership	, to be forme	ed				TUON	CESSED L 152008 ISON REUTERS
			Month	Year		,	HOW	
Actual or Estimated Date of Incorporation	on or Organization:	(05	2006				
			a · 11 ·	£ 6	_	Actual	□ E	Estimated
Jurisdiction of Incorporation or Organiz			Service abbreviation foreign jurisdiction		te:		DE	
	CIN for Canada,	LIA IOI OUICI	i toreign jurisuleno	11 <i>)</i>			DE	

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed fi earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copi copy or bear typed or printed signatures.



ion (SEC) on the ites registered or

manually signed

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

				8 - ·	—
Check	☐ Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or
Box(es) that					Managing Partner
Apply:			,,		
	name first, if individual)				
Amit Yoran					
		Street, City, State, Zip Code)			
500 Grove Stree	t, Suite 300, Herndon, VA 20	170			
Check	☐ Promoter	Beneficial Owner	■ Executive Officer	■ Director	☐ General and/or
Box(es) that					Managing Partner
Apply:	· · · · · · · · · · · · · · · · · · ·				
	name first, if individual)				
Nick Lantuh			····		
	idence Address (Number and				
500 Grove Stree	et, Suite 300, Herndon, VA 20	170			
Check	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or
Box(es) that					Managing Partner
Apply:			·		
Full Name (Las	t name first, if individual)	·			
H.P. Goldfield					
Business or Res	idence Address (Number and	Street, City, State, Zip Code)			
500 Grove Stree	et, Suite 300, Herndon, VA 20	170			
Check	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or
Box(es) that					Managing Partner
Apply:				_ .	
	t name first, if individual)				
John P. Watters					
Business or Res	idence Address (Number and	Street, City, State, Zip Code)		•	
5930 East Roya	l Lane – PMB, #122, Dallas, *	TX 75230			
Check	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
Box(es) that					Managing Partner
Apply:					
Full Name (Las	t name first, if individual)				
Suzanne Gorma	ın				<u>,</u>
Business or Res	idence Address (Number and	Street, City, State, Zip Code)	. 		
500 Grove Stree	et, Suite 300, Herndon, VA 20	170			
Check	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or
Box(es) that					Managing Partner
Apply:					
Full Name (Las	t name first, if individual)				
Alsop Louie Ca	pital, LP				
Business or Res	idence Address (Number and	Street, City, State, Zip Code)			
	reet, Suite 400 San Francisco,				
Check	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	■ General and/or
Box(es) that					Managing Partner
Apply:				<u></u>	
Full Name (Las	t name first, if individual)				
Louie, Gilman					
Business or Res	idence Address (Number and	Street, City, State, Zip Code)	,		
1255 Battery St	reet, Suite 400 San Francisco,	, CA 94111			

					B.	. INFORM.	ATION AB	OUT OFFE	RING				
I.	Has the iss	uer sold, or d	loes the issue	er intend to					under ULOE			Yes No	o <u>X</u>
2.	What is the	minimum ir	nvestment th	at will be ac	cepted fror	n any indivi	dual?	• • • • • • • • • • • • • • • • • • • •	•			\$	n/a
3.	Does the of	fering permi	t joint owne	rship of a si	ngle unit?				•••••••••••	,.,		Yes <u>X</u> No	
4.	solicitation registered v	of purchase	ers in conne and/or with	ction with s	sales of sec tates, list th	urities in the e name of the	e offering. ie broker or	If a person	to be listed	is an associate	ed person or	agent of a b	emuneration for proker or dealer ersons of such a
N/A													•
Full	Name (Last	name first, i	f individual))				 					··· ········
Bus	iness or Res	idence Addre	ess (Number	and Street,	City, State,	Zip Code)							
Nan	ne of Associ	ated Broker o	or Dealer										
Stat	es in Which	Person Liste	d Has Solici	ted or Inten	ds to Solici	Purchasers							
(Ch	eck "All Stat	tes" or check	individual S	States)						***************************************			All States
[AL	1 .	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	IMOI
IMI	7	[NE]	[NV]	[NH]	[נא]	[NM]	ĮNYJ	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	נעזן	ĮVTĮ	[VA]	[VA]	· [wv]	[WI]	[WY]	[PR]
Full	Name (Last	name first, i	f individual))									
Bus	iness or Res	idence Addre	ess (Number	and Street,	City, State,	Zip Code)							
Nan	ne of Associ	ated Broker	or Dealer										
Stat	es in Which	Person Liste	d Has Solici	ited or Inten	ds to Solici	Purchasers							
(Ch	eck "All Sta	tes" or check	individual S	States)						••••••		***************************************	All States
[AL	1	(AK)	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	_	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	r]	[NE]	[NV]	[NH]	[אן]	[NM]	ĮNYĮ	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	ΙWVΙ	[WI]	· [WY]	[PR]
Full	Name (Last	name first, i	if individual))									
Bus	iness or Res	idence Addre	ess (Number	and Street,	City, State,	Zip Code)							
Nan	ne of Associ	ated Broker	or Dealer				. •			•		, .=	
Stat	es in Which	Person Liste	d Has Solici	ited or Inten	ds to Solici	t Purchasers							
		tes" or check						***************************************					All States
(AL	1	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	JHIJ	[1D]
[IL]	-	INI	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	(MN)	[MS]	[MO]
[M]		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	(OK)	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	ĮWVĮ	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Type of Security -Aggregate Offering Price Sold Debt Equity \$ __10,749,995.17 10,749,995,17 × Common Preferred Convertible Securities (including warrants).....

Answer also in Appendix, Column 3, if filing under ULOE.

Other (Specify _____)

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

Partnership Interests

Total......

·	Investors	Dollar Amount	
		of Purchases	
Accredited Investors	17	\$ <u>10,749,995,17</u>	
Non-accredited Investors	0	\$0	
Total (for filings under Rule 504 only)	0	\$0	

\$ 10,749,995,17

Number

Type of

10,749,995,17

Aggregate

Dollar Amount

If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Answer also in Appendix, Column 4, if filing under ULOE.

	Security	Sold
Type of Offering		
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total	•	\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees		\$
Printing and Engraving Costs	Ō	\$
Legal Fees	×	\$10,000,00
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (Identify) blue sky filing fees.	Œ	\$650,00
Other Expenses (Identify)		\$
Total	Ø	\$10,650.00
		-

C. OFFERING PRICE, NUMBER OF IN	VESTORS, EXPENSES AND	USE OF PROCEEDS	
 Enter the difference between the aggregate offering price given in response to Part C – Question 4.a. This difference is the "adjusted" 			\$ <u>10,739,345.17</u>
 Indicate below the amount of the adjusted gross proceeds to the issuer use. If the amount for any purpose is not known, furnish an estimate and che payments listed must equal the adjusted gross proceeds to the issuer set for the issuer set for the issuer set. 	neck the box to the left of the es rth in response to Part C - Question	etimate. The total of the con 4.b above. Payment to Officers, Directors, & Affiliates	Payment To Others
Salaries and fees		□ \$	□ \$
Purchase of real estate		□ s	□ \$
Purchase, rental or leasing and installation of machinery and equipment		□ s	□ \$
Construction or leasing of plant buildings and facilities		□ s	□ s
Acquisition of other businesses (including the value of securities involved in t in exchange for the assets or securities of another issuer pursuant to a merger)		□ \$	□ s
Repayment of indebtedness	***************************************	□ s	□ s
Working capital	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ \$	≥ \$ 10,739,345.17
Other (specify):		□ s	□ s
Column Totals			■ \$ 10,739,345.17
Total Payments Listed (column totals added)		× \$	
		<u> </u>	
D. FEDE	ERAL SIGNATURE		· · · · · · · · · · · · · · · · · · ·
The issuer had duly caused this notice to be signed by the undersigned duly at an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conon-accredited investor pursuant to paragraph (b)(2) of Rule 502.	athorized person. If this notice is ommission, upon written request	filed under Rule 505, the of its staff, the information	following signature constitutes furnished by the issuer to any
Issuer (Print or Type)	Signature	, <u> </u>	Date
Netwitness Corporation			7/1/08
Name of Signer (Print or Type)	Title of Signer (Print or Type)	7	<u> </u>
Amit Yoran	Chief Executive Officer		

END

AT	CENT	TION
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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)